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18. A.

APPROVED FOR PUBLIC RELEASE; DISTRIBUTION UNLIMITED.

DEPARTMENT OF THE ARMY HEADQUARTERS, 44th MEDICAL BRIGADE APO 96307 AVCA-MB-PO 17 Mr.y 1967 00 SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 3C April 1967 (RCS CSFOR-65) 4 THRU: Commanding General 1st Logistical Command 00 ATTN: ADCA-CC-H APO 96307 TO: Assistant Chief of Staff for Force Development Department of the Army Washington, D.C. 20310 The OPERATIONAL REPORT - LESSONS LEARNED of this headquarters for the quarterly period ending 30 April 1967 is forwarded in accordance with Army Regulation 1-19 and LC Regulation 870-3. <u>ru</u> L U L U L 1970 1 Incl SEP 14 RAT(J., MILLER as Colonel, MC · Commanding FILE COPY a oc.ch 20 y bo <u>ب</u>ې د 46 ants doournet is evolut 4,5  $\chi'_{i}$ • . enter average 10 nale only ston mills

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SECTION I

## SIGNIFICANT ORGANIZATIONAL ACTIVITES

AVCA-MB-PO

#### 17 May 1967 SUBJECT: Operational Reports - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

A. Headquarters, 44th Medical Brigade, operational throughout the period 1 February - 30 April 1967, accomplished its mission of command and control of all medical units assigned to the 1st Logistical Command. Units in the Brigade numbered 124 at the end of the period, 122 assigned and 2 Attached.

B. Most Medical Brigade units were deployed by geographical area under the control of three Medical Groups; the 55th Medical Group in the northern part of the country, with headquarters at Qui Nhon; the 43rd in the center, with headquarters at Nha Trang; and 68th in the south, with headquarters at Long Binh. Dental, Veterinary, Laboratory, Preventive Medicine, Depot and other specialized units came under the direct operational control of Headquarters, 44th Medical Brigade, which is located at Saigon. (See Annex A for Organizational Chart.)

#### PERSONNEL

A. Many of the key staff personnel of Headquarters, 44th Medical Brigade, rotated during the quarterly period. New personnel included:

NAME:/RANK	POSITION	DATE OF ARRIVAL
Coker, Larry W., COL	Exec. Off.	6 March
Morgan, Richard B., COL	Vet. Staff Off.	31 March
Pollock, Jack P., COL	Dental Surgeon	26-April
Cooney, Henry F., LTC	Med. Dir. Liaison	31 March
Kerwin, Bernard F., LTC	S-4	4 March
Knowles, William R., LTC	Plans-Oper.	1 March
Parkinson, Ralph W., LTC	S-3	7 February
Straley, Rose V., LTC	Chief Nurse	9 March
Young, William H., LTC	S-1	7 March
Armstrong, Mary A., MAJ	Dietary Staff Advisor	21 April

The 222nd (AG) Personnel Service Company (Type B) became operational on 1 February and took over those personnel activities for the 44th Medical Brigade which had been performed previously by United States Army Support Commands. During the quarter, the 222nd underwent an extreme reorganization program to better fit the unit's organization to its assigned mission of providing controlled and standardized personnel services to the Medical Brigade's 124 units. Composite personnel teams were attached to each. Medical Group and the Company Headquarters was assigned to Headquarters, 44th Medical Brigade. The personnel teams are composed of one noncommissioned officer as NCOIC and sufficient personnel and pay clerks to handle the records function for each medical group and brigade headquarters.

#### **OPERATIONS**

A. Medical support planning for tactical operations continued. Brigade units provided hospitalization, evacuation and medical regulating for the following operations, which were underway during the period: Oregon, Junction City, Francis Marion, Overlord II, Summerall, Adams, Byrd, Enterprise, Fairfax, Palm Beach, Portsea and Farragut.

B. The following units arrived in Vietnam and were assigned to the 44th Medical Brigade:

437th Medical Detachment (KJ) -- 20 April 498th Medical Detachment (RB) -- 2 February 500th Medical Detachment (RB) -- 21 February 551st Medical Detachment (KH) -- 14 April

C. Medical Brigade units becoming operational were:

14th Medical Detachment (MC) -- 6 February 91st Evacuation Hospital -- 15 March 222nd Personnel Service Company -- 1 February 498th Medical Detachment (RB) -- 29 March 500th Medical Detachment (RB) -- 21 March

D. The 32nd Medical Depot was reorganized under MTOE 8-667E, dated 12 October 1966, pursuant to authority of paragraph 1, General Orders Number 52, Headquarters, United States Army, Pacific, APO San Francisco, 96558, Dated 15 March 1967. Reorganization effected an overall increase of sixty personnel spaces which included eighteen spaces for support of the MUST equipped hospitals. Concurrent with the Depot reorganization, and by authority of the same general orders, the 275th Medical Detachment (FB) and the 544th Medical Detachment (FC), were inactivated and their personnel and equipment transferred to the 32nd.

E. During April, policies were changed on the manner of providing Air Ambulance support to tactical forces. Instead of keeping a number of helicopters centrally located in a general support role, more are being placed on station with the various tactical forces. These aircraft provide both direct aeromedical evacuation support for supported forces and area support for other forces in the vicinity. Although control of the Dustoff aircraft and overall flexibility of the aeromedical evacuation support is lessened, the tactical commanders are assured of more rapid response to their medical evacuation needs. By the end of the period, the only problem areas resulting from the new procedures were related to maintenance. These maintenance problems may be resolved by rotating aircraft frequently and/or returning them to their home station for periodic maintenance requirements. If an aircraft is not available to replace one in a field location, temporary arrangements are made to support the tactical force by using one located nearby.

### AVCA-MB-PO

#### **17 May 1967**

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

F. The 7th Surgical Hospital arrived in the Republic of Vietnam on 4 June 1966 and became operational at Cu Chi on 1 August 1966. The hospital closed on 1 February 1967 and moved to Long Gia, the base camp of the 11th Armored Cavalry Regiment. The 7th Surgical Hospital became operational in Long Gia on 23 April 1967 and received patients almost immediately. Initially, the hospital operated 30 beds while providing area medical service, but a 60-bed facility is expected to be completed in May 1967.

#### MEDICAL REGULATING

On 26 December 1966, the 903d Aeromedical Evacuation Squadron began a thrice weekly C-130 flight entitled the "660 Mission". The purpose of this flight is to move patients between the following areas: Tan Son Nhut - Pleiku - An Khe - Qui Nhon - Tuy Hoa - Nha Trang - Cam Ranh Bay - Tan Son Nhut. In addition to evacuating patients, each flight transports a 44th Medical Brigade courier. This courier has greatly enhanced communications between the 55th and 43d Medical Groups and the 44th Medical Brigade. The "660 Mission" also carries Brigade personnel and equipment on a space available basis. In addition to American patients, the flight also evacuates Vietnamese and Korean patients, to include civilian casualties in extreme situations. During the report period the flight carried 3, 118 patients.

#### LOGISTICS

A. A study of the US Army medical supply depot operations within Vietnam was conducted during the month of April 1967, which indicated that many improvements were required. Authorized staffing for the 32d Medical Depot was not adequate to successfully accomplish the assigned mission. More experienced personnel in stock control, storage operations, and storage handling were needed. In addition, covered storage in the supply points at Qui Nhon and Scigon was inadequate.

The critical shortage of personnel in both experience and number в. within the 32d Medical Depot, prompted the following action by this headquarters: (1) the immediate attachment to the 32d Medical Depot of one officer and thirty enlisted personnel from resources available in subordinate units; (2) additional laborers, materials handling equipment, stock control and storage specialists to assist in depot operations were obtained from Headquarters 1st Logistical Command; (3) a command message was dispatched to Headquarters, US Army Pacific and to the Office of the Surgeon General, Department of the Army, requesting assistance in resolving the acute shortage of experienced personnel in the 32d Medical Depot by placing three medical supply officers and eighteen senior noncommissioned supply specialists on temporary duty for periods of sixty to ninety days; (4) preparation and dispatch of a command message to the Surgeon General, Department of the Army, requesting representatives from that office visit this command to evaluate current medical supply operations and to make recommendations relative to the type of automated

equipment necessary to implement electrical machine accounting procedures within the medical depot system. The requirement for adequate covered storage space for the medical supply point located in Saigon was resolved through command action which resulted in the acquisition of existing facilities at the Tan Son Nhut Air Force Base near Saigon. The Tan Son Nhut facilities were obtained on a temporary basis pending completion of new warehouses in the Long Binh area. Relocation of the Saigon medical supply point to Tan Son Nhut commenced on 27 April 1967 and was to be completed 10 May 1967. Additional covered storage for the medical supply point at Qui Nhon has not been acquired but new facilities on the out-skirts of the city will be available on or about 1 December 1967.

#### LABORATORY ACTIVITIES

A. The 9th Medical Laboratory, after relocation to its present site in Phu Tho Hoa, resumed technical operations 1 January 1967. Using its own personnel, the unit continued to improve and convert the present facility into a functional medical laboratory. Approximately 15,000 square feet of area was encircled with concertina fencing to a height of eight feet; security lights strategically installed on perimeter and buildings; a cement guard post constructed; 10,000 square feet of area prepared and surfaced with PSP for vehicle parking, maintenance, and other services and storage; approximately 875 square feet of open area was covered with metal roofing and the area recovered for all weather service; water tanks and cement deck were constructed for vehicle washing; and over 5,000 square feet of road was repeatedly oiled to minimize contamination. An Engineer Project providing for installation of air conditioning, improved lighting and plumbing; water reservoirs and filtration and partitioning was approved in March, and installation of air conditioning scheduled for 2 May 1967. Custom laboratory furniture providing approximately 547 linear feet of table surface and 819 feet of cabinet storage was requested in February 1967 and approved in March for purchase.

B. The Chief, Department of Medical Zoology assisted the MACV Preventive Medicine Section in selecting some 14 areas totaling approximately 300 square miles for air spray treatment by C-123 aircraft. The levels of pesticides and pesticide dispersal equipment were monitored at the Qui Nhon and Saigon depot.

C. The South East Asia Mosquito Project continued to receive support from this laboratory. In connection with this project two species of mosquitoes, <u>Uranotaenis longirostris</u> and <u>Uranctaenis edwardsi</u> were collected from Vietnam for the first time.

D. Parasitology consultation visits were made to the following: 2nd and 45th Surgical Hospitals; 8th and 17th Field Hospitals; 12th, 24th, 36th, 67th, 71st, 85th and 93rd Evac Hospitals; 406th, 528th and 946th Medical Laboratories; 4th, 16th and 35th Medical Battalion Medical Company Laboratories. Three enlisted technicians from other laboratories were given one week of parasitology training.

E. An evaluation and modification of Field's stain for malaria parasites was made. This stain and technique are being distributed to laboratories doing a significant number of malaria smears. Plastic staining trays and improved and rapid techniques for staining malaria parasites with Giemsa stain are also being placed in laboratories.

F. An outbreak of diarrheal disease occurring in a military police unit was studied and characterized by the Microbiology Department. The vehicle of infection was food, contaminated with <u>shigella somnei</u> consumed at a unit party. A stool survey of the mess personnel of the unit revealed three to be harboring the same organism.

G. An outbreak of meningitis occurring in a prisoner of war camp was investigated by taking nasopharyngeal specimens at the camp and immediately inoculating them to appropriate culture media. Personnel from the Microbiology Department were sent from Saigon to Pleiku and performed on the spot collection and inoculation to culture media of specimens. Cultures were returned to Saigon and the etiologic agents were defined. The causative organism was found to be <u>Neisseria</u> gitidis, Groups A, B, and C.

H. Requirements for the use of the Cary-Blair transport medium have greatly increased during this period. All tuberculosis specimens from within the Saigon-Long Binh area are usually transported to the 9th Medical Laboratory in the medium for processing. The medium is being routinely used for transport of throat specimens, pus and wound exudates and enteric specimens.

I. The Microbiology Department is assisting in identification of bacterial isolates from specimens collected via the Crosby biopsy capsule from the small intestine of suspect sprue patients. Collection and initial isolation of bacteria is done by the WRAIR Special Forces Medical Research Team. Cultures for identification are shipped to the 9th Medical Laboratory in transport medium.

J. In order to determine the etiology of diarrheal disease cases reporting to the 17th Field Hospital, Saigon, the Microbiology Department in conjunction with the Department of Medical Zoology has arranged to study certain selected cases which conform to predetermined clinical criteria. Preliminary findings indicate that in approximately 25% of the cases the etiologic agent could be established, the primary definable cause of diarrhea was shigellosis.

#### DENTAL SERVICE

A. During the three-month period, the total authorized dental personnel increased to 406. The total number of dental officers increased from 167 to 182. One unit with dentists authorized, the 437th Medical Detachment (KJ) arrived in country, the advanced party moving to Cam Ranh Bay on 20 April. Operational dental clinics increased from 55 to 57. Thirty of these clinics are air conditioned.

B. Colonel Jack P. Pollock became Dental Surgeon of the 44th Medical Brigade and assumed command of the 932nd Medical Detachment (AI) on 26 April 1967, replacing Colonel W. Z. Brown. Colonel Brown received the Legion of Merit for the periods May 1966 to April 1967 for the guidance he provided in fielding the finest dental team the Dental Corps has ever experienced under combat conditions.

C. Monthly dental professional meetings were held in the Saigon Area, and dental ificers traveled to dental units up-country, giving professional lectures to outlying clinics. This program has met with a great deal of success, keeping dentists up to date on the latest in dental techniques. A quarterly meeting of KJ Commanders was held on 3 April to discuss professional, administrative and supply matters. This type meeting has been held the past five quarters and has been very beneficial. To Provide Professional advice in the various dental specialties, consultants have been appointed on orders in the field of prosthetics, crown and bridge, oral surgery, oral medicine, peridontics and preventive dentistry, and endodentia.

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D. Deactivation of the 151st Medical Detachment (KI) was approved by the 1st Logistical Command pending submission of an MTOE on an emergency basis by the 932nd Medical Detachment (AI). The two authorized spaces of the Team KI, one officer and one enlisted man, will be requested by the 932nd Medical Detachment in the form of a Captain MSC, MOS 3506, and a SP 5 (E5), Clerk Typist, MOS 71B20.

E. Dental units continued participating in MEDCAP programs, traveling to remote villages, hamlets and orphanages. A total of 5875 patients were seen and 7052 teeth extracted during the period.

F. A personal letter discussing the problems of oral hygiene problems in Vietnamese children started a chain reaction. 1LT Kenneth Butke, Administrative Officer, 137th Medical Detachment, wrote a friend about the problems Vietnamese children were having with dental decay and their lack of toothbrushes and toothpaste. Using slides taken of orphanages visited by the 137th Dental Detachment, a program was presented in the schools of LT Butke's hometown. The pupils responded by collecting 2200 items of toothbrushes and toothpaste totaling 350 pounds. These items are to be shipped to Vietnam via the Air National Guard.

#### VETERINARY ACTIVITIES

A. New veterinary field stations were established at Dau Tieng and Dong Tam. Veterinary officers have been assigned additional duties with the Surgeon's office of the 4th and 25th Divisions. In addition to care of scout and sentry dogs and supervision of food inspection, these officers are developing veterinary projects for division civil action activities.

B. In February the Naval Support Activity at Da Nang in the I Corps Tactical Zone began using sentry dogs. Veterinary care of the dogs became the responsibility of the 75th Medical Detachment. These are the first dogs to be used in Vietnam by the Navy, and marks the first time that Army Veterinary personnel have been requested to support Navy dogs. Such support has been provided to the Marine Corps for some time. Also, a dairy products reconstituting plant has begun operating in Da Nang under contract to the Naval Support Activity.

C. In support of USARV C-3, Colonel H. R. Faust, then Veterinary Staff Officer of the 44th Medical Brigade, visited Malaysia in March to establish liaison with the Royal Army Veterinary Corps, HQ, Far East Land Forces, Singapore, and British Jungle Warfare School, Jahore, Malaysia. Colonel Faust found that disease and parasitic conditions encountered in military dogs in Malaysia similar to those experienced in RVN. Routine immunizations and the care and handling of disease and illness by the RHVC are similar to those employed by the U. S. Army.

#### NURSE

A. The current requirement for ANC Officers within the 44th Medical Brigade is 621. At the end of the report period, there were 609 ANC Officers assigned.

B. A chief Nurse, LTC Rose V. Straley, ANC, was assigned to the 44th Medical Brigade in March to advise the Brigade Commander on all aspects of Nursing Service activities within the command. ANC Officers assigned to Chief Nurse positions during the period were:

LTC	Johnnie Long	67th	Evac Hosp	21	Feb	67
MAJ	Albert Rommann	6th	Conv Cen	25	Feb	67
LTC	Gracie Sears	36th	Evac Hosp	9	Mar	67
MAJ	Marjorie Sedt	17th	Fld Hosp	5	Apr	67
MAJ	Marjorie Varner	3rd	Surg Hosp	6	Apr	67
MAJ	Edna Perrin	3rd	Fld Hosp	7	Apr	67
MAJ	Ed <b>a</b> Becker	8th	Fld Hosp	7	Apr	67

C. In service education for professional personnel is on a continuing and scheduled basis in each of the Brigade hospital units. In service education for non-professional personnel is on a scheduled basis with classes in routine nursing care procedures for newly assigned personnel on a continuing non-scheduled basis. Army Nurse Corps Officers in each of the units continue to participate in MEDCAP programs and other civic action activities.

#### FOOD SERVICE

A. Major Mary Armstrong, ANSC, arrived in Vietnam on 21 April to replace LTC Patricia L. Accountius as Dietary Staff Advisor to the Brigade.

B. MSG George Swenson was assigned as Brigade Food Service Supervisor on 8 February. Captain Ida Richard and Captain Nancy Meyer were assigned as Staff Dietary Advisors to the 55th and 43rd Medical Groups respectively in March. These three positions are not currently authorized by MTOE as there is a moratorium on submission of MTOE's.

C. Availability of subsistence items continued to improve throughout the quarter. There were no B ration issues to any hospital messes, nor any major MIS's without substitutions.

D. Due to the poor condition of the reconstituted milk when received from Okinawa, both the Qui Nhon and Cam Ranh Bay areas are to revert back to sterilized milk until the local reconstitution plants are in operation.

#### CHAPLAIN

A. During the quarter there were 23 Chaplains serving full time with hospitals and clearing companies of the Brigade. Liaison staff visits were made to each major unit and units with assigned Chaplains. Three newly assigned Chaplains were briefed at Brigade Headquarters and were also oriented by the Staff Chaplain of the 1st Logistical Command.

B. During the period there were 1,394 services conducted by Brigade Chaplains with a combined attendance of 35,500. There were 39,219 counseling/interviews for the period.

C. The chapel for the 18th Surgical Hospital at Pleiku was completed and dedicated, and the chapel for the 7th Surgical Hospital was completed. All Brigade hospitals now have a chapel facility or place to conduct religious services.

### SECTION II PART I

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# OBSERVATIONS (LESSONS LEARNED)

#### A. UNIT DESIGNATIONS.

ITEM: Suggested Change in Method of Designating Units.

DISCUSSION: It is the policy of the Department of the Army to activate medical cellular detachments under the provisions of TOE 8-500. This system is readily accepted as a solution to supplement medical units with increased capability. However, the method of designating these cellular units leaves a great margin for error, confusion and frustration administratively and logistically. During part of the report period there were two 61st Medical Detachments serviced by the Long Binh, Vietnam, complex. The distinguishing factor between these units was a two letter designation. The 61st Medical Detachment (MB) is a general dispensary and the 61st Medical Detachment (LB) is a Preventive Medicine Survey unit. When these or other medical detachments with the same numerical designation are in close proximity they are subject to continual misdirecting of every possible type of administrative action. Reports, orders, supply requisitions, U.S.Mail are often sent to the wrong unit and delayed. This constant turbulence undoubtedly affects the performance of the units. Attempts to solve the problems of the two particular units in question by DB entries inviting attention to the difference in unit designation and by numerous personal contacts were to little or no avail.

OBSERVATION: For operational reasons, one of the 61st Medical Detachments was transferred to another area during the period. The confusion about the units would have been less had they originally been designated by their numerical designation plus their descriptive title, i.e., 61st General Dispensary and 61st Preventive Medicine Survey Unit.

#### B. LABORATORY.

ITEM: Clinical Information on Autopsy and Surgical Cases.

DISCUSSION: The most significant obstacle to prompt, accurate reporting of autopsies and tissue examinations remains the paucity or, at times, complete lack of information concerning the circumstances of death or the clinical history. This has shown improvement during the last quarter, but there is need for further improvement, particularly in the area of aircraft crash and other accident investigations.

OBSERVATION: Physicians or other persons responsible for utilization of information gained from autopsy and surgical pathology examinations should provide the pathologist with pertinent details concerning the case prior to the examination.

ITEM: Preservation of Specimens.

DISCUSSION: Atmospheric conditions favor mold development causing damage to insect specimens.

OBSERVATION: The use of paradichlorobenze crystals in insect boxes has reduced appreciably the amount of mold occurring in pinned adult mosquito specimens.

ITEM: Staining for Malaria Parasites.

DISCUSSION: Technicians in many hospitals are reluctant to use Giemsa stain for malaria parasites and seldom prepare suitable thick film preparations.

OBSERVATION: Demonstration of improved Giemsa techniques usually convinces them of the superiority of the Giemsa method for malaria diagnosis and thereby greatly improves the quality of malaria smears and as a result decreases the number of false positive diagnoses.

ITEM: Methanol Poisonings.

DISCUSSION: Five separate incidents of unusual deaths following the consumption of alcoholic beverages were reported to the 9th Medical Laboratory since 1 March 1967. Three American civilians and one Philippine civilian died as the result of drinking from a bottle labeled "Seagrams 7 Crown", which had been purchased on the Saigon Black Market. Approximately 50 Vietnamese nationals died following feasts where a "rice wine" was served. The "rice wine" incidents occurred in the II Corps Area. Samples of the beverages obtained from each incident were found to contain toxic amounts of methanol (wood alcohol). Blood specimens obtained from the poisoned individuals contained significant methanol levels. Additionally, it was observed that the "Seagrams 7 Crown" bottles were sealed with a counterfeit tax stamp.

OBSERVATION: More emphasis should be placed on giving wide-spread dissemination to all personnel about the dangers of purchasing liquor from black markets.

ITEM: CO<sub>2</sub> Cultures.

DISCUSSION: During a meningococcal study the requirement for incubation under increased CO<sub>2</sub> tension of a large number of cultures could not be accomplished with the equipment on hand.

<u>OBSERVATION</u>: It was found that a 20-pound screw-on lid type metal container which originally held animal food could be used to hold approximately 100 Petri dishes.  $CO_2$  tensions of 2-3 percent could be attained by placing a burning candle in the can and screwing the lid down tightly. The can could be placed in a large incubator for growth of cultures. In addition, the can served as an excellent means for transporting culture media and equipment to the site of the study.

ITEM: Protecting Automatic Controls.

DISCUSSION: Indigenous cleaning personnel in the process of dusting off ovens and incubators often move the thermostat controls, subsequently causing the apparatus to overheat or else not maintain adequate temperature.

OBSERVATION: Placing can over the thermostat control knob adequately protected the control from being displaced and constant temperatures were maintained. A soft drink can, suitably cut down and attached to the apparatus by existing screws served the purposes.

C. DENTAL

ITEM: Modification of TOE's Before Transfer of Unit to Vietnam.

DISCUSSION: A new unit forming in CONUS is allowed to bring only those items of equipment authorized by their TOE to Vietnam. Due to unusual climatic conditions and the cantonement type situation existing in Vietnam it is usually found that TOE equipment is not adequate for the unit to perform its mission in the best possible manner. Host units are designated by the Medical Brigade for new units coming to Vietnam. These host units arrange for temporary rations, quarters, etc. In addition, "nice to have items" not on the new unit's TOE can be requisitioned by 'he host unit and laterally transferred to the new unit upon its arrival.

OBSERVATION: Rather than relying on host units to laterally transfer needed items to new units, special requirements for Vietnam should be made known to and authorized new units forming in CONUS for deployment.

ITEM: Maxillofacial Injuries to Tracked Vehicle Drivers.

DISCUSSION: Several cases have arisen in which drivers of Armored Personnel Carriers and Tanks have been thrown forward striking their faces on metal surfaces inside the vehicle when it has hit a mine.

<u>OBSERVATION</u>: A safety device, perhaps along the line of the face guard on a football helmet, might be of benefit in reducing the number of maxillofacial injuries. The 932nd Medical Detachment has initiated a preliminary survey to determine if such a device would be useful.

ITEM: Assignment of a Medical Maintenance Man to Dental Headquarters.

DISCUSSION: Dental equipment such as X-Rays, Lathes, Compressors, Model Trimmers, and Vibrators are in constant need of repair due to the high heat and humidity found in Vietnam. A medical maintenance man was assigned above TOE to one of the dental units but later transferred. He traveled to all dental clinics on a recurring basis repairing equipment and outlining preventive maintenance measures needed. The short time he spent with the units proved of great value.

OBSERVATION: When MTOE's are again accepted, it will be requested that a medical maintenance man, MOS 35040, be authorized for the 932nd Medical Detachment (AI).

D. VETERINARY

ITEM: Heartworms in Scout and Sentry Dogs.

DISCUSSION: There has been a noticeable increase in the incidence of heartworms in both scout and sentry dogs in RVN, which is reducing the efficiency of the animals. There is not yet sufficient data to determine the exact trend and extent of the occurence. However, the greatest incidence appears to be in the III Corps and southern portion of II Corps. It is anticipated that this will be a problem throughout Vietnam.

OBSERVATION: Recommendations are being made that all units having scout and sentry dogs use all practical methods of mosquito control, including the use of repellents on dogs, to reduce the transmission of heartworm microfilaria. It has been recommended that blood samples be sent to the laboratory more frequently to facilitate early detection and treatment of heartworm.

ITEM: Veterinary Assistance to USAID.

DISCUSSION: USAID agricultural advisors occasionally have needed immediate veterinary assistance. Delays have resulted while a request for assistance was forwarded to unit headquarters and the veterinary officer in the area notified.

OBSERVATION: USAID advisors are being furnished the names and locations of all veterinary officers. Veterinary officers are also being furnished a list of USAID advisors and their locations with instructions to coordinate their activities locally.

#### RECOMMENDATIONS

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A. <u>UNIT DESIGNATIONS</u>: TOE 8-500 units should be designated by their descriptive titles as well as numerical designations; i.e., 61st General Dispensary and 61st Preventive Medicine Survey Unit rather than 61st Medical Detachment (MB) and 61st Medical Detachment (LB).

#### B. LABORATORY:

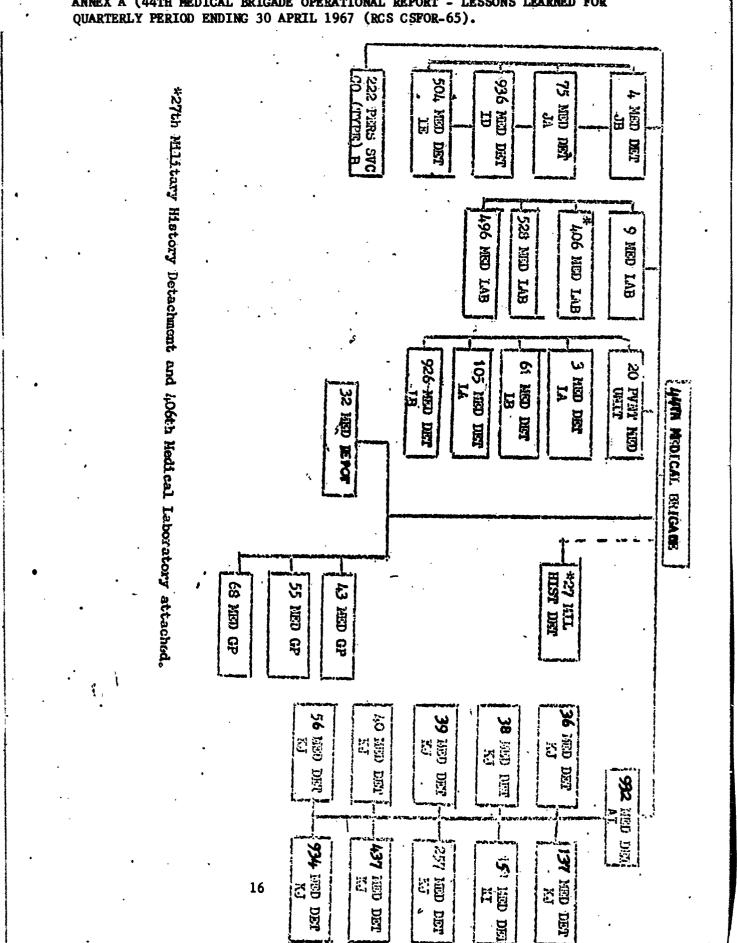
1. Commanders should emphasize to physicians or other persons requesting information from autopsy and surgical pathology examinations that they should provide the pathologist with pertinent details concerning the case prior to the examination.

2. All personnel should be warned that death may result from consuming liquor purchased on the black market.

C. <u>DENTAL</u>: Special equipment necessitated by conditions found in Vietnam should be authorized and issued to units before they are transferred to RVN.

Colonel, MC

Commanding



ANNEX A (44TH MEDICAL BRIGADE OPERATIONAL REPORT - LESSONS LEARNED FOR QUARTERLY PERIOD ENDING 30 APRIL 1967 (RCS CSFOR-65).

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